



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4289

<b>SERIAL NUMBER</b> 10/705,755	<b>FILING OR 371(c) DATE</b> 11/10/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 60603CON(50553)
------------------------------------	---	---------------------	-------------------------------	---

**APPLICANTS**  
 David H. Farb, Chestnut Hill, MA;  
 Terrell T. Gibbs, Jamaica Plain, MA;  
 Nader Yaghoubi, Boston, MA;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 09/918,370 07/30/2001 PAT 6,762,036 which is a CIP of 09/519,109 03/06/2000 PAT 6,268,168  
 which is a DIV of 08/888,691 07/07/1997 PAT 6,048,722 *12/14/2006 ID*  
 which is a DIV of PCT/US96/18832 11/08/1996  
 which claims benefit of 60/006,326 11/08/1995

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*none 12/14/2006 ID*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 02/06/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>ID</i>	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 1
--	--	-------------------------------	-----------------------------	--------------------------	--------------------------------

**ADDRESS**  
21874

**TITLE**  
Cellular physiology workstations for automated data acquisition and perfusion control

<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	---	---